

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name ESJ Towers, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 66-0322929

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

6165 Isla Verde Ave.
Carolina, PR 00979

Number, Street, City, State & ZIP Code

Carolina

County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **ESJ Towers, Inc.**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 04/01/25 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D) and it chooses to proceed under Subchapter V of Chapter 11.
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District		When		Case number	
District		When		Case number	

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
☐ Yes.

Debtor **ESJ Towers, Inc.** Case number (if known) _____
 Name _____
 List all cases. If more than 1, attach a separate list
 Debtor Relationship _____
 District _____ When _____ Case number, if known _____

11. Why is the case filed in this district? Check all that apply:
☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?
☒ No
☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
Why does the property need immediate attention? (Check all that apply.)
☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard? _____
☐ It needs to be physically secured or protected from the weather.
☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
☐ Other _____
Where is the property? _____
 Number, Street, City, State & ZIP Code _____
Is the property insured?
☐ No
☐ Yes. Insurance agency _____
 Contact name _____
 Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds Check one:
☒ Funds will be available for distribution to unsecured creditors.
☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
☐ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000
☐ 50-99 ☐ 5001-10,000 ☐ 50,001-100,000
☐ 100-199 ☐ 10,001-25,000 ☐ More than 100,000
☒ 200-999

15. Estimated Assets
☐ \$0 - \$50,000 ☐ \$1,000,001 - \$10 million ☐ \$500,000,001 - \$1 billion
☐ \$50,001 - \$100,000 ☒ \$10,000,001 - \$50 million ☐ \$1,000,000,001 - \$10 billion
☐ \$100,001 - \$500,000 ☐ \$50,000,001 - \$100 million ☐ \$10,000,000,001 - \$50 billion
☐ \$500,001 - \$1 million ☐ \$100,000,001 - \$500 million ☐ More than \$50 billion

16. Estimated liabilities
☐ \$0 - \$50,000 ☐ \$1,000,001 - \$10 million ☐ \$500,000,001 - \$1 billion
☐ \$50,001 - \$100,000 ☒ \$10,000,001 - \$50 million ☐ \$1,000,000,001 - \$10 billion
☐ \$100,001 - \$500,000 ☐ \$50,000,001 - \$100 million ☐ \$10,000,000,001 - \$50 billion
☐ \$500,001 - \$1 million ☐ \$100,000,001 - \$500 million ☐ More than \$50 billion

Debtor **ESJ Towers, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 10, 2022**
MM / DD / YYYY

X /s/ Keith St. Clair

Signature of authorized representative of debtor

Keith St. Clair

Printed name

Title **President**

18. Signature of attorney

X /s/ Charles A. Cuprill

Signature of attorney for debtor

Date **June 10, 2022**

MM / DD / YYYY

Charles A. Cuprill

Printed name

Charles A. Cuprill, PSC Law Offices

Firm name

356 Fortaleza Stree (2nd Floor)

San Juan, PR 00901

Number, Street, City, State & ZIP Code

Contact phone **787-977-0515**

Email address **ccuprill@cuprill.com**

114312 PR

Bar number and State

**CERTIFIED COPY OF RESOLUTION
AUTHORIZING THE FILING OF PETITION
FOR REORGANIZATION UNDER CHAPTER 11
OF THE BANKRUPTCY CODE**

RESOLVED: Whereas **ESJ Towers, Inc.** (the "Company") is unable to meet its obligations as they mature; and

Whereas, claimants have undertaken and are threatening suit and have threatened to undertake steps to obtain possession of the Company's assets; Now therefore,

Be it resolved that a Petition in Proceedings under Chapter 11 of the Bankruptcy Code be filed by the Company and that Keith St. Clair, the Company's President, be and hereby is authorized to execute on behalf of the Company and for it all the necessary documents for the filing of a Petition under Chapter 11 of the Bankruptcy Code; and be it further resolved;


That Keith St. Clair be and hereby is authorized to pay unto the Clerk of the Court all necessary filing fees required by law by the Company or on its behalf, and be it further resolved;

That Charles A. Cuprill, P.S.C., Law Offices be employed to act as counsel for the Company in such bankruptcy proceedings.

The undersigned hereby certifies that he is Secretary of the Company and that the above is a true and correct copy of a resolution adopted by at a duly constituted meeting held on the May 20, 2022, in accordance with the Company's regulations; that quorum was present at said meeting; and that the resolution has not been revoked, modified, annulled, or amended in any manner whatsoever.


In witness whereof, I have hereunto set my hand and affixed the seal of the Company this 20th day of May 2022.




César E. Hernández Monagas
Secretary

I, César E. Hernández Monagas, Secretary of ESJ Towers, Inc's., board of directors of legal age, married, and resident of San Juan, Puerto Rico, do hereby certify under penalty of perjury, that the statements contained in the foregoing document are true according to the best of my knowledge, information, and belief.

San Juan, Puerto Rico, this 20th day of May 2022.


César E. Hernández Monagas
Secretary

Fill in this information to identify the case:

Debtor name ESJ Towers, Inc.

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 10, 2022

X /s/ Keith St. Clair

Signature of individual signing on behalf of debtor

Keith St. Clair

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **ESJ Towers, Inc.**
 United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
ACRECENT FINANCIAL CORPORATION PO BOX 363372 San Juan, PR 00936						\$210,651.08
Acrecetn Financial Corporation PO Box 363372 San Juan, PR 00936-3372						\$340,002.00
AMERICAN EXPRESS #31001 RS PO Box 981535 El paso, TX 9998-1535						\$318,819.26
AUTORIDAD DE ENERG. ELECT PO Box 363508 San Juan, PR 00936-3508						\$811,054.77
BMF CAPITAL 1820 Avenue M, Suite 125 BROOKLYN, NY 11230						\$200,000.00
C.R.I.M. Carretera Estatal # 1 km 17.3 San Juan, PR 00926						\$278,351.16
Colebrook Financial Company, LLC 100 Riverview Center Suite 203 Middletown, CT 06457						\$3,199,898.56

Debtor **ESJ Towers, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Departamento de Hacienda PO Box 9024140 San Juan, PR 00902		Sales & Use Tax				\$220,576.82
Departamento de Hacienda PO Box 9024140 San Juan, PR 00902		Corporation Income Tax				\$450,097.41
Departamento de Hacienda PO Box 9024140 San Juan, PR 00902		Professional Fees Withholdings				\$383,563.07
Departamento de Hacienda PO Box 9024140 San Juan, PR 00902		Income Tax Withholdings - Payroll				\$310,291.30
ESJ TOWERS CONDOMINIUM ASSOC 6165 Isla Verde Ave. Carolina, PR 00979						\$3,397,771.68
ESJ TOWERS CONDOMINIUM ASSOC 6165 Isla Verde Ave. Carolina, PR 00979						\$1,202,670.00
GREEN CAPITAL FUNDING, LLC 116 Nassau Street, Suite 804 NEW YORK, NY 10038						\$500,000.00
McCONNELL VALDES P.O.BOX 364225 San Juan, PR 00936-4225						\$146,784.06
Oriental Bank 254 Mu oz Rivera Ave. San Juan, PR 00918				\$10,127,328.38	\$0.00	\$10,127,328.38
Oriental Bank 254 Mu oz Rivera Ave. San Juan, PR 00918				\$5,876,298.76	\$0.00	\$5,876,298.76
PARLIAMENT CAPITAL 1511 Ponce de Leon - Ciudadela Torre 1000, Suite 6-A San Juan, PR 00936						\$2,505,088.30

Debtor **ESJ Towers, Inc.** Case number (if known) _____
Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Parliament Capital Manegement, LLC 1511 Ponce De Leon Suite 6-A San Juan, PR 00909						\$6,572,379.81
US SMALL BUSINESS ADMINISTRATION Administrator WASHINGTON, DC 20416						\$500,000.00

Fill in this information to identify the case:

Debtor name **ESJ Towers, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ **11,800,000.00**

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ **18,956,461.50**

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ **30,756,461.50**

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **16,057,894.05**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **1,410,529.60**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **21,672,076.63**

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ **39,140,500.28**

Fill in this information to identify the case:Debtor name ESJ Towers, Inc.United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Oriental Bank - OperatingCheking8448\$5.003.2. Otiental Bank - PayrolllCheking6018Unknown3.3. Oriental Bank - TimeshareCheking7877\$78,281.423.4. Oriental Bank - AcreecentCheking0121Unknown3.5. Banco Popular de Puerto Rico -Cheking3500\$182,412.413.6. Oriental Bank - ConstructionCheking5536\$20,547.77

Debtor ESJ Towers, Inc. Case number (If known) _____
Name

3.7. Oriental Bank - AP Reserve Reserve 1392 \$241,235.31

3.8. Oriental Bank - Debt Service Reserve 7170 \$7,170.00

4. **Other cash equivalents** (Identify all)

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$529,651.91

Part 2: Deposits and Prepayments

6. **Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. Deposit Public Utilities \$1,632.00

7.2. Security Deposits - Acrecent Financial Corporation \$190,049.85

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$191,681.85

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 24,666.10 - 0.00 = \$24,666.10
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 1,601,735.88 - 0.00 = \$1,601,735.88
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 460,507.74 - 0.00 = \$460,507.74
face amount doubtful or uncollectible accounts

Debtor **ESJ Towers, Inc.** Case number (If known)

Name

11a. 90 days old or less: 628,309.64 - 0.00 = \$628,309.64
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 1,184,371.61 - 0.00 = \$1,184,371.61
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 3,971,242.30 - 1,985,621.15 = \$1,985,621.15
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 2,027,528.33 - 0.00 = \$2,027,528.33
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$7,912,740.45

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
	<u>Food & Bev Inventory</u>	<u>03/31/2022</u>	<u>\$10,050.05</u>	<u>Acquisition Cost</u>	<u>\$10,050.05</u>
	<u>Housekeeping Inventory</u>	<u>03/31/2022</u>	<u>\$3,472.33</u>	<u>Acquisition Cost</u>	<u>\$3,472.33</u>
	<u>Office Supply</u>	<u>03/31/2022</u>	<u>\$6,115.85</u>		<u>\$6,115.85</u>
22.	Other inventory or supplies				
	<u>Timeshare Intervals for Sale</u>		<u>\$10,302,749.06</u>	<u>Acquisition Cost</u>	<u>\$10,302,749.06</u>

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$10,322,387.29

Debtor **ESJ Towers, Inc.** Case number (If known) _____
Name

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.
☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.

Nature and extent of debtor's interest in property

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

55.1.

ESJ Tower

6165 Isla Verde Ave.

Owner

\$6,970,403.30

Acquisition Cost

\$11,800,000.00

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$11,800,000.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

Debtor ESJ Towers, Inc. Case number (If known) _____
Name

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor **ESJ Towers, Inc.** Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$529,651.91	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$191,681.85	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$7,912,740.45	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$10,322,387.29	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$11,800,000.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$18,956,461.50	\$11,800,000.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$30,756,461.50

Fill in this information to identify the case:

Debtor name **ESJ Towers, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	C.R.I.M. <small>Creditor's Name</small> PO Box 195387 San Juan, PR 00919-5387 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00

2.2	Oriental Bank <small>Creditor's Name</small> 254 Mu oz Rivera Ave. San Juan, PR 00918 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred May 2018 Last 4 digits of account number 7561 Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$10,127,328.38	\$0.00
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Debtor **ESJ Towers, Inc.** Case number (if known)

Name

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

2.3 **Oriental Bank** Describe debtor's property that is subject to a lien \$5,876,298.76 \$0.00

Creditor's Name

**254 Mu oz Rivera Ave.
San Juan, PR 00918**

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

December 2020

Last 4 digits of account number

7564

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.4 **ORIENTAL BANK Credit Card** Describe debtor's property that is subject to a lien \$54,266.91 \$0.00

Creditor's Name

**254 Munoz Rivera Ave.
Esq. Ave. Chardon
Hato Rey, PR 00918**

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.5 **ORIENTAL BANK Credit Card** Describe debtor's property that is subject to a lien \$0.00 \$0.00

Creditor's Name

**254 Munoz Rivera Ave.
Esq. Ave. Chardon
Hato Rey, PR 00918**

Creditor's mailing address

Describe the lien

Debtor	ESJ Towers, Inc.	Case number (if known)	
	Name		
		Is the creditor an insider or related party?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
		Is anyone else liable on this claim?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
	Creditor's email address, if known		
	Date debt was incurred		
	Last 4 digits of account number		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:	
	<input checked="" type="checkbox"/> No	Check all that apply	
	<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$16,057,894.05**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name **ESJ Towers, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Compania de Turismo PO Box 9024000 San Juan, PR 00902-4000	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$46,001.00	\$40,228.00
	Date or dates debt was incurred 2021-2022	Basis for the claim: Room Tax		
	Last 4 digits of account number 0014	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2.2	Priority creditor's name and mailing address Departamento de Hacienda PO Box 9024140 San Juan, PR 00902	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$383,563.07	\$302,674.76
	Date or dates debt was incurred 2019-2021	Basis for the claim: Professional Fees Withholdings		
	Last 4 digits of account number 2064	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

Debtor	ESJ Towers, Inc. Name	Case number (if known)	
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2.3	Priority creditor's name and mailing address Departamento de Hacienda PO Box 9024140 San Juan, PR 00902	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$310,291.30 \$242,332.26
Date or dates debt was incurred 2019-2021		Basis for the claim: Income Tax Withholdings - Payroll	
Last 4 digits of account number 2064 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.4	Priority creditor's name and mailing address Departamento de Hacienda PO Box 9024140 San Juan, PR 00902	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$220,576.82 \$125,473.58
Date or dates debt was incurred 2019-2020		Basis for the claim: Sales & Use Tax	
Last 4 digits of account number 2064 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.5	Priority creditor's name and mailing address Departamento de Hacienda PO Box 9024140 San Juan, PR 00902	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$450,097.41 \$419,953.71
Date or dates debt was incurred 2012 & 2018		Basis for the claim: Corporation Income Tax	
Last 4 digits of account number 2064 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
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3.1	Nonpriority creditor's name and mailing address ACRECENT FINANCIAL CORPORATION PO BOX 363372 San Juan, PR 00936 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210,651.08
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3.2	Nonpriority creditor's name and mailing address Acrecetn Financial Corporation PO Box 363372 San Juan, PR 00936-3372 Date(s) debt was incurred February 2018 Last 4 digits of account number 3130	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$340,002.00
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Debtor	ESJ Towers, Inc. Name _____	Case number (if known) _____
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3.3	Nonpriority creditor's name and mailing address ADVANCE CONSTRUCTION CALLE ALDEA # 1258 EDIF. UNICA, STE 400 SANTURCE, PR 00907 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,185.99
<hr/>			
3.4	Nonpriority creditor's name and mailing address AERONET (ACC#17309) PO BOX 270013 San Juan, PR 00928 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$799.00
<hr/>			
3.5	Nonpriority creditor's name and mailing address AGM GROUP ENGINEERING CORP. RR5 BOX 8418 SUITE 3 BAYAMON, PR 00956 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,000.00
<hr/>			
3.6	Nonpriority creditor's name and mailing address AGUA SUPREMA HC 2 BOX 5830 COMERIO, PR 00782 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,039.50
<hr/>			
3.7	Nonpriority creditor's name and mailing address AIG INSURANCE COMPANY PO BOX 10181 San Juan, PR 00908-1181 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$427.00
<hr/>			
3.8	Nonpriority creditor's name and mailing address ALEXANDER MAYS Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$287.86
<hr/>			
3.9	Nonpriority creditor's name and mailing address ALM ENGINEERING, PSC FLOR DE MAR 115 RIVER GARDEN CANOVANAS, PR 00729 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,016.00

Debtor	ESJ Towers, Inc. Name _____	Case number (if known) _____
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3.10	Nonpriority creditor's name and mailing address AMERICAN EXPRESS RS#81006 PO Box 981535 El paso, TX 9998-1535 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$64.17 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address AMERICAN EXPRESS #31001 RS PO Box 981535 El paso, TX 9998-1535 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$318,819.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	Nonpriority creditor's name and mailing address AMERICAN EXPRESS **1001 PO Box 981535 El paso, TX 9998-1535 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,350.13 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	Nonpriority creditor's name and mailing address American Express - Merchant Financing Lo PO Box 981535 El paso, TX 9998-1535 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$139,078.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address AMILCAR RAMIREZ 220 CAMINO DEL GUAYACAN SABANERA DEL RIO GURABO, PR 00778 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address ANDREW POLITO 8 BRAYTON RD CARMEL, NY 10512 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$450.29 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address ANGEL CARRASQUILLO FERNANDEZ CALLE SAN FERNANDO F-19 URB. MARIOLGA CAGUAS, PR 00727 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,495.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	ESJ Towers, Inc. Name _____	Case number (if known) _____
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3.17	Nonpriority creditor's name and mailing address ANTHONY J. GIORDANO 79 TOBY DRIVE SUCCASUNNA, NJ 07876 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$715.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.18	Nonpriority creditor's name and mailing address APOLINAR CRUZ THE VILLAGE AT THE HILL CALLE VARADERO #45 CEIBA, PR 00735 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$910.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.19	Nonpriority creditor's name and mailing address APPLIANCE PARTS IMPORTS PO BOX 810107 CAROLINA, PR 00981 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$317.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.20	Nonpriority creditor's name and mailing address ASCAP**** 21678 NETWORK PLACE CHICAGO, IL 60673-1216 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,637.93 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.21	Nonpriority creditor's name and mailing address AT&T(641-5151) / 787-791-5151 CUADRO PO BOX 70261 San Juan, PR 00936-8261 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.22	Nonpriority creditor's name and mailing address ATWH,LLC ESJ TOWERS SUITE 2200 6165 ISLA VERDE AVE. CAROLINA, PR 00979 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.23	Nonpriority creditor's name and mailing address AUTORIDAD DE ENERG. ELECT PO Box 363508 San Juan, PR 00936-3508 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$811,054.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	ESJ Towers, Inc. Name	Case number (if known)
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3.24	Nonpriority creditor's name and mailing address BALLESTER HERMANOS PO BOX 364548 San Juan, PR 00936-4548 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80,215.76
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3.25	Nonpriority creditor's name and mailing address BALLHER CORP. 705 PONCE DE LEON San Juan, PR 00907 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$495.24
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3.26	Nonpriority creditor's name and mailing address BANCO POPULAR Credit Cards Division de Producto de Tarjetas PO Box 363228 San Juan, PR 00936-3228 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71,555.40
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3.27	Nonpriority creditor's name and mailing address BANCO POPULAR Credit Cards Division de Producto de Tarjetas PO Box 363228 San Juan, PR 00936-3228 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.28	Nonpriority creditor's name and mailing address BANCO POPULAR Credit Cards Division de Producto de Tarjetas PO Box 363228 San Juan, PR 00936-3228 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,638.84
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3.29	Nonpriority creditor's name and mailing address BENITEZ AVIATION INC. PO BOX 193312 San Juan, PR 00919-3312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,418.01
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3.30	Nonpriority creditor's name and mailing address BETH MARGOLIN 28670 BRISTOL CT FARMINGTON, MI 48334 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$185.94
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Debtor	ESJ Towers, Inc. Name	Case number (if known) _____
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3.31	Nonpriority creditor's name and mailing address BMF CAPITAL 1820 Avenue M, Suite 125 BROOKLYN, NY 11230 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,000.00
<hr/>			
3.32	Nonpriority creditor's name and mailing address BOOKING.COM LOCKBOX #5295 5295 PAYSPHERE CIRCLE CHICAGO, IL 60674 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,299.95
<hr/>			
3.33	Nonpriority creditor's name and mailing address BRIAN HOSTELLER 10132 SYCAMORE HOLLOW LANE GERMAN TOWN, MA 20876 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,695.00
<hr/>			
3.34	Nonpriority creditor's name and mailing address BRIGHT CLIENTS COMMUNICATION INC. 428 ESCORIAL AVE. CAPARRA HEIGHTS San Juan, PR 00920 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,287.50
<hr/>			
3.35	Nonpriority creditor's name and mailing address C.R.I.M. Carretera Estatal # 1 km 17.3 San Juan, PR 00926 Date(s) debt was incurred <u>2019-2022</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$278,351.16
<hr/>			
3.36	Nonpriority creditor's name and mailing address CACCIAMANI AND ROVER LLC 1110 BRICKELL AVENUE STE #804 MIAMI, FL 33131 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,880.00
<hr/>			
3.37	Nonpriority creditor's name and mailing address CAMPO RICO ADVENTURES, LLC 3103 ISLA VERDE AVE CONDESA DEL MAR PH5 CAROLINA, PR 00979 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,646.73

Debtor	ESJ Towers, Inc. Name	Case number (if known)
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3.38	Nonpriority creditor's name and mailing address CARIBBEAN AIRPORT FACILITIES*** AIRPORT OFFICE:SUITE#3 CARR.150 SECTOR CENTRAL CAROLINA, PR 00979-1536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,853.85
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3.39	Nonpriority creditor's name and mailing address CARIBBEAN CLIMBER CORP URB. LOS ANGELES 2024 CALLE CELESTIAL CAROLINA, PR 00979-1760 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$683.81
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3.40	Nonpriority creditor's name and mailing address CARIBBEAN CONCRETE SOLUTIONS PO BOX 825 CAGUAS, PR 00726 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,316.00
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3.41	Nonpriority creditor's name and mailing address CARIBBEAN FOOD PRODUCTS CORP PO BOX 513 PUERTO REAL, PR 00074-0513 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$391.40
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3.42	Nonpriority creditor's name and mailing address CARIBBEAN HOTEL SUPPLIES PO BOX 3687 MAYAGUEZ, PR 00681 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,000.00
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3.43	Nonpriority creditor's name and mailing address CARL JANSEN 289 FRIENDSHIP ROAD CRANBURY, NJ 08512-5406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,290.50
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3.44	Nonpriority creditor's name and mailing address CARLOS VERA & LILLIAM MORALES 33 CIUDAD CAMPO San Juan, PR 00926 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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Debtor	ESJ Towers, Inc. Name _____	Case number (if known) _____
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3.45	Nonpriority creditor's name and mailing address CHARLIE ROSCOE 2227 WRENFORD RD. UNIVERSITY HTS, OH 44118 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.46	Nonpriority creditor's name and mailing address CLAIRE HOLT 314 HILLTOP LANE EAST COLUMBUS, NJ 08022 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$478.00
3.47	Nonpriority creditor's name and mailing address CLARO*** PO BOX 70366 San Juan, PR 00936-8366 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,344.83
3.48	Nonpriority creditor's name and mailing address Colebrook Financial Company, LLC 100 Riverview Center Suite 203 Middletown, CT 06457 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,199,898.56
3.49	Nonpriority creditor's name and mailing address COMMTRAK***** 17493 NASSAU COMMONS LEWES, DE 19958 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$908.10
3.50	Nonpriority creditor's name and mailing address CONCEPCION PRODUCE INC. P.O BOX 21231 San Juan,, P.R 00928-0000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,307.95
3.51	Nonpriority creditor's name and mailing address CONSOLIDATED WASTE SERVICES CORP. PO BOX 1322 GURABO, PR 00778 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,899.41

Debtor	ESJ Towers, Inc. Name _____	Case number (if known) _____
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3.52	Nonpriority creditor's name and mailing address CORPORACION DEL FONDO DEL SEGURO DEL ESTADO PO Box 248 BAYAMON, PR 00960 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,954.56
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3.53	Nonpriority creditor's name and mailing address COSVI P.O. BOX 363428 San Juan, PR 00936-3428 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$646.80
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3.54	Nonpriority creditor's name and mailing address CRAIG GANGLOFF 1331 Deep Water Drive Mount Pleasant, SC 29464 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,297.03
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3.55	Nonpriority creditor's name and mailing address CREATEK SOLUTIONS PMB 209 PO BOX 7891 GUAYNABO, PR 00970-7891 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,500.00
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3.56	Nonpriority creditor's name and mailing address DANIEL AGOSTO CALLE BLANCA #29 PARADA 18 SANTURCE, PR 00909 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.57	Nonpriority creditor's name and mailing address DARRELL SWEENEY 613 SOUTH ROAD TEMPLETON, MA 01468 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.58	Nonpriority creditor's name and mailing address DAVID DANIEL RODRIGUEZ VARGAS PO BOX 29911 San Juan, PR 00929 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$840.00
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3.59	Nonpriority creditor's name and mailing address DE ANGEL & CIA PO BOX 5460 CAGUAS, PR 00726-5460 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,643.30
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3.60	Nonpriority creditor's name and mailing address DEBRA VENNEY 9348 LAMBS CREEK CHURCH RD KING GEORGE, VA 22485 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$495.00
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3.61	Nonpriority creditor's name and mailing address DESTILERIA NACIONAL INC. URB. SAN PATRICIO 1 CALLE M RIVERA FERRER GUAYNABO, PR 00988 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,676.91
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3.62	Nonpriority creditor's name and mailing address DISTRIBUIDORA BLANCO PO BOX 1'0092672 San Juan, PR 00919-2672 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$635.25
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3.63	Nonpriority creditor's name and mailing address DONNA PIRICH 14 CHARLES CIRCLE ISLIP, NY 11751 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$473.00
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3.64	Nonpriority creditor's name and mailing address EASY CHECKS CARIBBEAN INC PO BOX 29857 San Juan, PR 00929-0857 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$237.12
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3.65	Nonpriority creditor's name and mailing address ECOLAB MANUFACTURING INC CALL BOX 60-7086 BAYAMON, PR 00960 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,986.32
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3.66	Nonpriority creditor's name and mailing address EDD PRODUCTIONS & PROFESSIONALS DJS ESTANCIAS DE SAN PEDRO T1 CALLE SAN GABRIEL FAJARDO, PR 00738 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$936.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.67	Nonpriority creditor's name and mailing address EDWARD KORAB 76 CAROLYN AVE COLONIA, NJ 07067 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$255.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.68	Nonpriority creditor's name and mailing address ENVISION TECHNOLOGIES, INC PMB 345 100 GRAND PASEO BLVD STE 112 San Juan, PR 00926-5955 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,300.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.69	Nonpriority creditor's name and mailing address EQUIANT(ESJAZL) 500 N. JUNIPER DRIVE SUITE 100 CHANDLER, AZ 85226 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,083.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.70	Nonpriority creditor's name and mailing address EQUIANT(ESJAZL/CBK) 500 N. JUNIPER DRIVE SUITE 100 CHANDLER, AZ 85226 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,643.97 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.71	Nonpriority creditor's name and mailing address EQUIANT(ESJAZL475) 500 N. JUNIPER DRIVE SUITE 100 CHANDLER, AZ 85226 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$470.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.72	Nonpriority creditor's name and mailing address EQUIANT(ESJAZL815) 500 N. JUNIPER DRIVE SUITE 100 CHANDLER, AZ 85226 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$445.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	ESJ Towers, Inc. Name _____	Case number (if known) _____
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3.73	Nonpriority creditor's name and mailing address EQUIFAX INFO SVCS PUERTO RICO PO BOX 71221 CHARLOTTE, NC 28272-1221 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$327.74 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.74	Nonpriority creditor's name and mailing address ESJ TOWERS CONDOMINIUM ASSOC 6165 Isla Verde Ave. Carolina, PR 00979 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,397,771.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.75	Nonpriority creditor's name and mailing address ESJ TOWERS CONDOMINIUM ASSOC 6165 Isla Verde Ave. Carolina, PR 00979 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,202,670.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.76	Nonpriority creditor's name and mailing address EVELYN YANCHIK 5966 DARBY ROAD CICERO, NY 13039 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$49.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.77	Nonpriority creditor's name and mailing address EXPEDIA 333 108TH AVE NE ORLANDO, WA 32811 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,395.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.78	Nonpriority creditor's name and mailing address FABRIXS PO BOX 79198 CAROLINA, PR 00984 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$337.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.79	Nonpriority creditor's name and mailing address FEDERAL EXPRESS PO BOX 371461 PITTSBURGH, PA 15250-7461 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$192.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.80	Nonpriority creditor's name and mailing address FERRETERIA GOMEZ RENTAS PO BOX 911 GUAYNABO, PR 00970-0911 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,192.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.81	Nonpriority creditor's name and mailing address FINE LINE TOURS Calle Bienvenido Cruz Rio Grande, PR 00745 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,900.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.82	Nonpriority creditor's name and mailing address FIRE SAFE, INC. P.O. BOX 592 SAINT JUST, PR 00978-0592 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,380.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.83	Nonpriority creditor's name and mailing address FIRST BANK (4371) Ave. Ponce de Leon 1519, Parada 23 Esq. Calle Del Parque San Juan, PR 00908 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$29,497.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.84	Nonpriority creditor's name and mailing address FRANCISCO J. MARRERO GUINOT Flor de Mar 115, River Garden Canovanas, PR 00729 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$541.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.85	Nonpriority creditor's name and mailing address GLADYS RODRIGUEZ PO BOX 1498 MAYAGUEZ, PR 00681 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$910.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.86	Nonpriority creditor's name and mailing address GLENN BOWEN 82 SIMCOE DR BELLEVILLE, ONTARIO K8N 4Z5 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$495.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	ESJ Towers, Inc. Name _____	Case number (if known) _____
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3.87	Nonpriority creditor's name and mailing address GRAVIEL PICHARDO CALLE RAFAEL ALERS #111 San Juan, PR 00979 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,320.00
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3.88	Nonpriority creditor's name and mailing address GRAYBAR INTERNATIONAL P.R. PO BOX 366261 San Juan, PR 00936-6261 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$486.16
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3.89	Nonpriority creditor's name and mailing address GREEN CAPITAL FUNDING, LLC 116 Nassau Street, Suite 804 NEW YORK, NY 10038 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500,000.00
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3.90	Nonpriority creditor's name and mailing address GREGORY J KARLE 6845 WOODCREST RDG CLARKSTON, MI 48346 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,020.00
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3.91	Nonpriority creditor's name and mailing address GUEST SUPPLY PO BOX 6771 SOMERSET, NJ 08875-6771 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$129.09
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3.92	Nonpriority creditor's name and mailing address GWEN E. GLAUBACH 4530 BIESTERFIELD DR. CHARLOTTE, NC 28216-3282 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$495.00
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3.93	Nonpriority creditor's name and mailing address HELMS BRISCOE CORP. **** 20875 NORTH 90TH PLACE SUITE 210 SCOTTSDALE, AZ 85255 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,355.90
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3.94	Nonpriority creditor's name and mailing address HENRY & BARBARA GODDARD 1480 NORTH WEST 8-0 AVE. APT.405 MARGATE, FL 33063 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
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3.95	Nonpriority creditor's name and mailing address HENRY LOWY 2685 HANFORD MILLS LANE CHARLESTON, SC 29406 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,360.00
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3.96	Nonpriority creditor's name and mailing address HERIBERTO BERRIOS VILLA CAROLINA 142-3 CALLE 409 CAROLINA, PR 00985-4020 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$390.00
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3.97	Nonpriority creditor's name and mailing address High Speed Capital LLC 170State Street Suite 4000 NEW YORK, NY 10004 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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3.98	Nonpriority creditor's name and mailing address HOFFA MEDICAL CENTER 352 CALLE DEL PARQUE San Juan, PR 00912 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$657.00
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3.99	Nonpriority creditor's name and mailing address HSK INDUSTRIES,INC. 4500 CARMICHAEL AVENUE SARASOTA, FL 34234 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,000.00
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3.100	Nonpriority creditor's name and mailing address HVP FOODS(HIJOLE) PO BOX 582 CAGUAS, PR 00726 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
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3.101	Nonpriority creditor's name and mailing address ICE AGE REFRIGERATION QUINTA REAL 12307 TOA BALA, PR 00949 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,982.80
<hr/>			
3.102	Nonpriority creditor's name and mailing address IGM CORP. PMB 589 267 CALLE SIERRA MORENA San Juan, PR 00926-5583 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.91
<hr/>			
3.103	Nonpriority creditor's name and mailing address IMPRESOS DE LA TORRE CALLE 12 #321 URB. FLAMINGO HILLS BAYAMON, PR 00957 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$555.00
<hr/>			
3.104	Nonpriority creditor's name and mailing address IMPRINT PLUS 21320 GORDON WAY UNIT 260 RICHMOND BC, CANADA V6W1J8 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,558.33
<hr/>			
3.105	Nonpriority creditor's name and mailing address INNOVATIVE HOSPITALITY CONCEPTS 2855 N UNIVERSITY DR, SUITE510 CORAL SPRING, FL 33065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,997.50
<hr/>			
3.106	Nonpriority creditor's name and mailing address INTERNATIONAL COFFEE VENDORS, INC D/B/A GUSTOS COFFEE CO. PO BOX 11277 San Juan, PR 00922 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,457.54
<hr/>			
3.107	Nonpriority creditor's name and mailing address IO PR ECO TOURS PO BOX 20,000 PBM 433 CANOVANAS, PR 00729 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,430.00

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3.108	Nonpriority creditor's name and mailing address IONA NIEVES 2480 THOMPSON DR MARRIOTTSVILLE, MD 21104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,700.00
<hr/>			
3.109	Nonpriority creditor's name and mailing address IPFS CORPORATION #36678 PO BOX 70134 San Juan, PR 00936-8134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.110	Nonpriority creditor's name and mailing address Iron Mountain PO Box 27128 NEW YORK, NY 10087-7128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,835.24
<hr/>			
3.111	Nonpriority creditor's name and mailing address IRVING ROSA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,925.00
<hr/>			
3.112	Nonpriority creditor's name and mailing address J & M DEPOT, INC PO BOX 29427 San Juan, PR 00929-9427 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$431.12
<hr/>			
3.113	Nonpriority creditor's name and mailing address JEANINE V. WAHRHEIT 112 HUBSON AVE SAINT JAMES, NY 11780 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$321.00
<hr/>			
3.114	Nonpriority creditor's name and mailing address JEFFREY GALM 69 RTE. 7 PINE PLAINS, NY 12567 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$975.00

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3.115	Nonpriority creditor's name and mailing address JOHN GURAL 6 GINDA AVE. CARTERET, NJ 07008-1610 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$510.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.116	Nonpriority creditor's name and mailing address JONATHAN PORRATA & LIZ NAVARRO CARR.8721 ESQ. CALLE MULATO APT.601 LAS PRIMAVERAS CAROLINA, PR 00983 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$518.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.117	Nonpriority creditor's name and mailing address JOSEPH KERSTEIN 5223 EHRLICH RD SUITE B TAMPA, FL 33624 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$31.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.118	Nonpriority creditor's name and mailing address JUAN RAMIREZ MIRANDA URB. LOS SOSA #8 CABO ROJO, PR 00623 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,875.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.119	Nonpriority creditor's name and mailing address K-R IMPORTS INC. 3105 TERRALINDA COURT TRUJILLO ALTO, PR 00976 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,169.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.120	Nonpriority creditor's name and mailing address KALAMATA CAPITAL GROUP, LLC 7315 Wisconsin Ave. 550E BETHESDA, MD 20814 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$28,882.71 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.121	Nonpriority creditor's name and mailing address KATHY OLTAIN 3501 NW 23RD. CT LAUDERDALE LAKES, FL 33311 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.122	Nonpriority creditor's name and mailing address KENETHN MOSCATELLI PO BOX 726 SAGAMORE, MA 02561 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$935.00
<hr/>			
3.123	Nonpriority creditor's name and mailing address LABORATORIO CLINICO PASEOS PO BOX 14334 San Juan, PR 00916 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,715.00
<hr/>			
3.124	Nonpriority creditor's name and mailing address LATITUDE SALES & MARKETING***** 606 Market Street Celebration, FL 34747 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,456.94
<hr/>			
3.125	Nonpriority creditor's name and mailing address LEDESMA & VARGAS,LLC PO BOX 194089 San Juan, PR 00919 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,961.00
<hr/>			
3.126	Nonpriority creditor's name and mailing address LIBERTY BUSINESS #ESJBLUE LIBERTY CABLEVISION OF P.R. PO BOX 71496 San Juan, PR 00936-8596 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.127	Nonpriority creditor's name and mailing address LIBERTY CABLEVISION OF PR PO BOX 71496 San Juan, PR '00936-9699 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74,396.22
<hr/>			
3.128	Nonpriority creditor's name and mailing address LILIAM A GARZON 3451 NE 1st AVENUE APT. M703 MIAMI, FL 33137 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.129	Nonpriority creditor's name and mailing address LOOMIS PUERTO RICO, INC PO BOX 70282 San Juan, PR 00936-8282 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.39
<hr/>			
3.130	Nonpriority creditor's name and mailing address LUIS OLIVERO VALLE ARriba HEIGHTS CALLE 124 BW-12 CAROLINA, PR 00983 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
<hr/>			
3.131	Nonpriority creditor's name and mailing address MASTER TOWELS LINEN & MORE HC-50 BOX 20904 SAN LORENZO, PR 00754 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$891.20
<hr/>			
3.132	Nonpriority creditor's name and mailing address McCONNELL VALDES P.O.BOX 364225 San Juan, PR 00936-4225 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$146,784.06
<hr/>			
3.133	Nonpriority creditor's name and mailing address MELLADO & MELLADO-VILLARREAL 165 PONCE DE LEON AVE. SUITE 102 San Juan, PR 00917-1235 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,403.66
<hr/>			
3.134	Nonpriority creditor's name and mailing address MENACO CORPORATION PO BOX 70183 San Juan, PR 00936-8183 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$518.55
<hr/>			
3.135	Nonpriority creditor's name and mailing address MERCEDES TIPIANI 1751 W. 5050 S. ROY, UT 84067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,375.00

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3.136	Nonpriority creditor's name and mailing address MICHAEL FIORETTI 26 DOWNING ST CHERRY HILL, NJ 08003 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$455.00
3.137	Nonpriority creditor's name and mailing address MICHAEL SCHWIND 2347 W. SHADOW GLEN CT PHOENIX, AZ 85086 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.00
3.138	Nonpriority creditor's name and mailing address MONTEQUIN DISTRIBUTORS INC. PO BOX 11269 San Juan, PR 00922-1269 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,699.00
3.139	Nonpriority creditor's name and mailing address MOVIE BEAM/VALUABLE TECHNOLOGIES, INC 440 Sylvan Ave. Suite 170 ENGLEWOOD CLIFFS, NJ 07632-2723 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,890.00
3.140	Nonpriority creditor's name and mailing address MULTINATIONAL LIFE INSURANCE CO. PO BOX 366107 San Juan, PR 00936-6107 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$164.45
3.141	Nonpriority creditor's name and mailing address O'NEILL & BORGES LLC AMERICAN INTERNATIONAL PLAZA 250 MU OZ RIVERA AVE STE 800 San Juan, PR 00918-1813 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,234.10
3.142	Nonpriority creditor's name and mailing address Oldach PO Box 364603 San Juan, PR 00936-4603 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,975.00

Debtor	ESJ Towers, Inc. Name _____	Case number (if known) _____
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3.143	Nonpriority creditor's name and mailing address P.R. HOTEL & TOURISM ASSOC***** DORAL BANK PLAZA CALLE RESOLUCION #33 SUITE 701-B San Juan, PR 00920 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.144	Nonpriority creditor's name and mailing address PACKERS PROVISION CO. GSRDEN HILLS PKAZA PMB342 #1353 AVE LUIS VOGOREAYX GUAYNABO, PR 00966-2718 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$702.85
3.145	Nonpriority creditor's name and mailing address PALM TREE RENTAL & DISTRIUBUTION INC Cond Playa Blanca 5245 Ave. Isla Verde Apt 802 Carolina, PR 00979 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,692.11
3.146	Nonpriority creditor's name and mailing address PARLIAMENT CAPITAL 1511 Ponce de Leon - Ciudadela Torre 1000, Suite 6-A San Juan, PR 00936 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,505,088.30
3.147	Nonpriority creditor's name and mailing address Parliament Capital Manegement, LLC 1511 Ponce De Leon Suite 6-A San Juan, PR 00909 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,572,379.81
3.148	Nonpriority creditor's name and mailing address PATRICIA SEVER 44 PLUM AVE. CARBONDALE, PA 18407 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,190.00
3.149	Nonpriority creditor's name and mailing address PEDRO L. CARMONA, INC Reperto Monterey #5 Calle Acacia Suite 205 San Juan, PR 00902 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00

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3.150	Nonpriority creditor's name and mailing address PLATOS RESTAURANT & BAR 2 Calle Rosa Carolina, PR 00979 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$650.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.151	Nonpriority creditor's name and mailing address PRINCESA GASTRO BAR, INC 2 Paseo de La Princesa Calle Shrmberg San Juan, PR 00901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$75.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.152	Nonpriority creditor's name and mailing address PUERTO RICO FOOD & PAPER INC PO BOX 535 BAYAMON, PR 00960-0535 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$244.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.153	Nonpriority creditor's name and mailing address PURCHASE POWER/PITNEY BOWES PO BOX 371874 PITTSBURGH, PA 15250-7874 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,209.86 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.154	Nonpriority creditor's name and mailing address PURCHASNG POWER HOUSE ,LLC PO BOX 810571 BOCA RATON, FL 33481 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,581.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.155	Nonpriority creditor's name and mailing address RAFAEL OLIVO 2722 FENTON AVE. BRONX, NY 10469 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$24,076.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.156	Nonpriority creditor's name and mailing address RCCR PR 6165 ISLA VERDE AVE SUITE 2200 CAROLINA, PR 00979 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$57,200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.157	Nonpriority creditor's name and mailing address RCJ***** 9998 MICHIGAN ROAD CARMEL, IN 46032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,623.03
<hr/>			
3.158	Nonpriority creditor's name and mailing address REAL BUSSINESS PERSONNEL CORP 1605 AVE PONCE DE LEON SAN MARTIN BLGD.STE 506 San Juan, PR 00909 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,599.79
<hr/>			
3.159	Nonpriority creditor's name and mailing address REGION CAPITAL 400 Avenue E BROOKLYN, NY 11223 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
<hr/>			
3.160	Nonpriority creditor's name and mailing address RENE FLORES ACU A,PE GLORIMAR 19 San Juan, PR 00926 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.161	Nonpriority creditor's name and mailing address RESORT DATA PROCESSING, INC PO BOX 1170 VAIL, CO 81658 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.162	Nonpriority creditor's name and mailing address RESTAURANTE BARRACHINA 104 Calle Fortaleza San Juan, PR 00901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
<hr/>			
3.163	Nonpriority creditor's name and mailing address RICARDO PEREZ SANCHEZ 5054 AVE RAMON RIOS ROMAN TOA BAJA, PR 00952 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00

Debtor	ESJ Towers, Inc. Name _____	Case number (if known) _____
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3.164	Nonpriority creditor's name and mailing address RICHARD COSGROVE PO BOX 18046 HAUPPAUGE, NY 11788-8846 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,689.00
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3.165	Nonpriority creditor's name and mailing address RICOH PUERTO RICO, INC PO BOX 71459 San Juan, PR 00936-8559 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,635.64
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3.166	Nonpriority creditor's name and mailing address RL LEGAL & CONSULTIG SERVICES LLC AVE HOSTOS #430 (ALTOS) URB EL VEDADO San Juan, PR 00918-3016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.167	Nonpriority creditor's name and mailing address ROBERT LEVOW 809 CALISTE DRIVE WAKE FOREST, NC 27587-9536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,275.00
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3.168	Nonpriority creditor's name and mailing address ROGER ALGER Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$894.50
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3.169	Nonpriority creditor's name and mailing address RONALD INGEMIE 25 BURNAP STREET FITCHBURG, MA 01420 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$625.00
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3.170	Nonpriority creditor's name and mailing address SCANNER OVERSEAS OF PR.,INC 212 Manuel Camu as St. Suite 100 San Juan, PR 00918-1407 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,243.00
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3.171	Nonpriority creditor's name and mailing address SECRETARIO DE HACIENDA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.172	Nonpriority creditor's name and mailing address SIMON JOHNSON 3803 CANARY CT NORTH CHARLESTON, SC 29420 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,275.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.173	Nonpriority creditor's name and mailing address SPARTAN STAFFING PUERTO RICO PO BOX 534549 ATLANTA, GA 30353-4549 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.174	Nonpriority creditor's name and mailing address SPECTRIO SPECTRIO PO BOX 8'0090271 CHARLOTTE, NC 28289-0271 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$774.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.175	Nonpriority creditor's name and mailing address STATE INDUSTRIAL PRODUCTS CORP. P.O. BOX 50025 San Juan, PR 00902 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$350.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.176	Nonpriority creditor's name and mailing address T.H. DISTRIBUTOR URB. LOIZA VALLEY CALLE GLADIOLA B-98 CANOVANAS, PR 00729 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$952.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.177	Nonpriority creditor's name and mailing address TAINA VICTORIA PEREIRA COND CAGUAS TOWER APT 503 CAGUAS, PR 00725 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	ESJ Towers, Inc. Name	Case number (if known)
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3.178	Nonpriority creditor's name and mailing address Ten Appliances PO Box 360587 San Juan, PR 00936 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,266.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.179	Nonpriority creditor's name and mailing address THE NEW YORK TIMES/TIMES DIGEST PO BOX 392054 PITTSBURGH, PA 15251-9054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,760.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.180	Nonpriority creditor's name and mailing address THE STAR GROUP & COMPANY, INC 1103 Beech Mountain Parkway Beech Mountain, NC 28604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.181	Nonpriority creditor's name and mailing address TRAVELCLICK PO BOX 71199 CHICAGO, IL 60694-1199 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,951.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.182	Nonpriority creditor's name and mailing address TRIPADVISOR 400 1ST AVE. NEEDHAM, MA 02494 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,385.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.183	Nonpriority creditor's name and mailing address TRIPLE-S SALUD, INC.***** PO BOX 71548 San Juan, PR 00936-8648 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.184	Nonpriority creditor's name and mailing address Tropigas PO Box 70205 San Juan, PR 00936-8205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,625.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	ESJ Towers, Inc. <small>Name</small>	Case number (if known) _____
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3.185	Nonpriority creditor's name and mailing address UNIGUEST 2'00926 KRAFT DRIVE NASHVILLE, TN 37204 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$823.41
<hr/>			
3.186	Nonpriority creditor's name and mailing address UNIVERSAL LIFE*** PO BOX 2145 San Juan, PR 00922-2145 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.187	Nonpriority creditor's name and mailing address US SMALL BUSINESS ADMINISTRATION Administrator WASHINGTON, DC 20416 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500,000.00
<hr/>			
3.188	Nonpriority creditor's name and mailing address VENTURE TRANSPORTATION NETWORK CORP. NETWORK, CORP PO BOX 79129 CAROLINA, PR 00984 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
<hr/>			
3.189	Nonpriority creditor's name and mailing address VICTOR OLAZAGASTI 009011 STOCKTON COURT ORLANDO, FL 32817-1395 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.00
<hr/>			
3.190	Nonpriority creditor's name and mailing address VINCENT MARTINEZ 2065 1ST AVENUE APT. 11F NEW YORK, NY 10029 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$591.00
<hr/>			
3.191	Nonpriority creditor's name and mailing address VIVALDI SERVICIOS DE SEGURIDAD 185 ROOSEVELT PLAZA STE. 101 San Juan, PR 00917 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,591.68

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3.192	Nonpriority creditor's name and mailing address WALKING ON WATER SURFING Cond Verde Mar Ave. Isla Verde Apt. 104 Carolina, PR 00987 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,705.60
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3.193	Nonpriority creditor's name and mailing address WHITE RHINO, INC. SUITE 112 MSC-208 100 GRAND BOULEVARD PASEOS San Juan, PR 00926 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,733.00
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3.194	Nonpriority creditor's name and mailing address WORLD INTERDATA SOLUTIONS, INC. PO BOX 367179 San Juan, PR 00936 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,316.08
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 1,410,529.60
5b. +	\$ 21,672,076.63
5c.	\$ 23,082,606.23

Fill in this information to identify the case:

Debtor name **ESJ Towers, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Unit Lease and Management Agreement**

State the term remaining

List the contract number of any government contract _____

**124 LLC's
6165 Isla Verde Ave.
Carolina, PR 00979**

2.2. State what the contract or lease is for and the nature of the debtor's interest **computer equipment capital lease**

State the term remaining

List the contract number of any government contract _____

**Acrecent Financial Corporation
PO Box 363372
San Juan, PR 00936**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Internet Service**

State the term remaining

List the contract number of any government contract _____

**Aeronet
PO Box 270013
San Juan, PR 00928**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Online Hotel Reservations**

State the term remaining

List the contract number of any government contract _____

**Booking.Com B.V.
Herengracht 597
1017 CE Amsterdam
Netherlands**

Debtor 1 **ESJ Towers, Inc.**

Case number (if known)

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Satellite TV & music service**

State the term remaining

List the contract number of any government contract

**Dish Network
PO Box 7203
Pasadena, Ca 91109-7303**

2.6. State what the contract or lease is for and the nature of the debtor's interest **POS system**

State the term remaining

List the contract number of any government contract

**Dynamic Payments (Clover)
3100 Road 199
Suite 101
San Juan, PR 00926**

2.7. State what the contract or lease is for and the nature of the debtor's interest **FB area lease agreement**

State the term remaining

List the contract number of any government contract

**ESJ Homeowners Association
6165 Isla Verde Ave.
Carolina, PR 00979**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Online Hotel Reservations**

State the term remaining

List the contract number of any government contract

**Expedia Group
1111 Expedia Group Way
W. Seattle, WA 98119**

2.9. State what the contract or lease is for and the nature of the debtor's interest **webhosting services**

State the term remaining

List the contract number of any government contract

**Go Daddy
14455 N. Hayden Rd.
Suite 226
Scottsdale, Arizona 85260-6947**

2.10. State what the contract or lease is for and the nature of the debtor's interest **Cable TV, telephone and cellular**

State the term remaining

**Liberty
PO Box 71496
San Juan, PR 00936**

Debtor 1 **ESJ Towers, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract

- 2.11. State what the contract or lease is for and the nature of the debtor's interest **Timeshare exchange program**

State the term remaining

List the contract number of any government contract

RCI
9998 Michigan Road
Carmel, IN 46032

- 2.12. State what the contract or lease is for and the nature of the debtor's interest **PMS System**

State the term remaining

List the contract number of any government contract

Resort Data Processing, Inc (RDP)
PO Box 1170
Vail, CO 81658

- 2.13. State what the contract or lease is for and the nature of the debtor's interest **Accounting Software Support Services & License**

State the term remaining

List the contract number of any government contract

White Rhino, Inc.
Suite 112 MSC-208
100 Grand Boulevard Paseos
San Juan, PR 00926

Fill in this information to identify the case:

Debtor name **ESJ Towers, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	Around the World Holdings, LLC	6165 Isla Verde Ave. Carolina, PR 00979	PARLIAMENT CAPITAL	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.146</u> <input type="checkbox"/> G _____
2.2	Around the World Holdings, LLC	6165 Isla Verde Ave. Carolina, PR 00979	GREEN CAPITAL FUNDING, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.89</u> <input type="checkbox"/> G _____
2.3	Around the World Holdings, LLC	6165 Isla Verde Ave. Carolina, PR 00979	KALAMATA CAPITAL GROUP, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.120</u> <input type="checkbox"/> G _____
2.4	Around the World Holdings, LLC	6165 Isla Verde Ave. Carolina, PR 00979	BMF CAPITAL	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.31</u> <input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name ESJ Towers, Inc.

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

For prior year:
From 1/01/2021 to 12/31/2021

Sources of revenue
Check all that apply

☒ Operating a business

☐ Other _____

Gross revenue
(before deductions and exclusions)

\$5,088,691.00

For year before that:
From 1/01/2020 to 12/31/2020

☒ Operating a business

☐ Other _____

\$8,252,018.19

For the fiscal year:
From 1/01/2019 to 12/31/2019

☒ Operating a business

☐ Other _____

\$2,210,752,470.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **ESJ Towers, Inc.**

Case number (if known) _____

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. See Attachments A			<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Debtor **ESJ Towers, Inc.**

Case number (if known)

Description of the property lost and how the loss occurred**Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Dates of loss**Value of property lost****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.**Who was paid or who received the transfer?
Address****If not money, describe any property transferred****Dates****Total amount or value**11.1. **Charles A. Cuprill PSC Law Offices
356 Fortaleza St. 2nd Floor
San Juan, PR 00901****04/17/2022****\$75,000.00****Email or website address****Who made the payment, if not debtor?
Around The World Holdings, LLC****12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.**Name of trust or device****Describe any property transferred****Dates transfers were made****Total amount or value****13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.**Who received transfer?
Address****Description of property transferred or payments received or debts paid in exchange****Date transfer was made****Total amount or value**13.1 **AGM Group Engineering, Corp.
RR5 P.O. Box 8418, Suite 3
Bayamon, PR 00956****F-150 Ford Truck****03/2022****\$30,000.00****Relationship to debtor****Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Debtor **ESJ Towers, Inc.**

Case number (if known)

☐ Does not apply

Address

Dates of occupancy
From-To

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services
the debtor provides

If debtor provides meals
and housing, number of
patients in debtor's care

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☐ No.

☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☐ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and
Address

Last 4 digits of
account number

Type of account or
instrument

Date account was
closed, sold,
moved, or
transferred

Last balance
before closing or
transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address

Names of anyone with
access to it
Address

Description of the contents

Does debtor
still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor **ESJ Towers, Inc.**

Case number (if known) _____

☐ None

Facility name and address

Names of anyone with
access to it

Description of the contents

Does debtor
still have it?**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.☐ No.☐ Yes. Provide details below.Case title
Case numberCourt or agency name and
address

Nature of the case

Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?☐ No.☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?☐ No.☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

Debtor **ESJ Towers, Inc.**

Case number (if known)

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26a.1. Cesa E. Hernandez Monagas, Esq. CPA 6165 Isla Verde Ave. Carolina, PR 00979	05/2021 - Present
26a.2. Virnaliz Santiago 6165 Isla Verde Ave. Carolina, PR 00979	1996-04-2021

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26b.1. De Angel & Compania PO Box 5460 Caguas, PR 00726-5460	2016-Present

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Cesa E. Hernandez Monagas, Esq. CPA 6165 Isla Verde Ave. Carolina, PR 00979	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address
26d.1. Oriental Bank 254 Muñoz Rivera Ave. San Juan, PR 00918
26d.2. Parliament Capital, LLC 1511 Ponce de Leon - Ciudadela Torre 1000, Suite 6-A San Juan, PR 00936

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Debtor **ESJ Towers, Inc.**

Case number (if known)

Name	Address	Position and nature of any interest	% of interest, if any
Keith St. Clair	6165 Isla Verde Ave. Carolina, PR 00979	President	
Cesa E. Hernandez Monagas, Esq. CPA	6165 Isla Verde Ave. Carolina, PR 00979	Secretary / Treasurer	
Austin Butler	PO Box 9241 San Juan, PR 00909	Director	
Randall Graham	40 N 1900 E. Mapleton, UT 84664	Director	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Virnaliz Santiago	6165 Isla Verde Ave. Carolina, PR 00979	Secretary / Treasurer	1996-4/2021

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 See Attachment B	\$172,144.90		
Relationship to debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☐ No
☒ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
Conexus Holdings Puerto Rico, LLC	EIN: 66-0835308

Debtor **ESJ Towers, Inc.**

Case number (if known)

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 10, 2022**

/s/ Keith St. Clair

Signature of individual signing on behalf of the debtor

Keith St. Clair

Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No
☒ Yes

**United States Bankruptcy Court
District of Puerto Rico**

In re **ESJ Towers, Inc.**

Debtor(s)

Case No.

Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
--	----------------	----------------------	------------------

-NONE-

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **June 10, 2022**

Signature **/s/ Keith St. Clair**
Keith St. Clair

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
District of Puerto Rico**

In re **ESJ Towers, Inc.** Debtor(s) Case No. _____
Chapter **11**

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **June 10, 2022** **/s/ Keith St. Clair**
Keith St. Clair/President
Signer/Title

ESJ TOWERS, INC.
6165 ISLA VERDE AVE.
CAROLINA, PR 00979

AGM GROUP ENGINEERING CORP.
RR5 BOX 8418 SUITE 3
BAYAMON, PR 00956

AMILCAR RAMIREZ
220 CAMINO DEL GUAYACAN
SABANERA DEL RIO
GURABO, PR 00778

CHARLES A. CUPRILL
CHARLES A. CUPRILL, PSC LAW OFFICES
356 FORTALEZA STREE (2ND FLOOR)
SAN JUAN, PR 00901

AGUA SUPREMA
PO BOX 5830
COMERIO, PR 00782

ANDREW POLITO
8 BRAYTON RD
CARMEL, NY 10512

124 LLC'S
6165 ISLA VERDE AVE.
CAROLINA, PR 00979

AIG INSURANCE COMPANY
PO BOX 10181
SAN JUAN, PR 00908-1181

ANGEL CARRASQUILLO FERNAN
CALLE SAN FERNANDO F-19
URB. MARIOLGA
CAGUAS, PR 00727

ACRECENT FINANCIAL CORPORATION
PO BOX 363372
SAN JUAN, PR 00936

ANTHONY J. GIORDANO
79 TOBY DRIVE
SUCCASUNNA, NJ 07876

ACRECENT FINANCIAL CORPORATION
PO BOX 363372
SAN JUAN, PR 00936

ALM ENGINEERING, PSC
FLOR DE MAR 115 RIVER GARDEN
CANOVANAS, PR 00729

APOLINAR CRUZ
THE VILLAGE AT THE HILL
CALLE VARADERO #45
CEIBA, PR 00735

ACRECETN FINANCIAL CORPORATION
PO BOX 363372
SAN JUAN, PR 00936-3372

AMERICAN EXPRESS RS#81006
PO BOX 981535
EL PASO, TX 9998-1535

APPLIANCE PARTS IMPORTS
PO BOX 810107
CAROLINA, PR 00981

ADVANCE CONSTRUCTION
CALLE ALDEA # 1258
EDIF. UNICA, STE 400
SANTURCE, PR 00907

AMERICAN EXPRESS #31001 RS
PO BOX 981535
EL PASO, TX 9998-1535

AROUND THE WORLD HOLDINGLL
6165 ISLA VERDE AVE.
CAROLINA, PR 00979

AERONET
PO BOX 270013
SAN JUAN, PR 00928

AMERICAN EXPRESS **1001
PO BOX 981535
EL PASO, TX 9998-1535

AROUND THE WORLD HOLDINGLL
6165 ISLA VERDE AVE.
CAROLINA, PR 00979

AERONET (ACC#17309)
PO BOX 270013
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AMERICAN EXPRESS - MERCHANT FINANCIAL
PO BOX 981535
EL PASO, TX 9998-1535

AROUND THE WORLD HOLDINGLL
6165 ISLA VERDE AVE.
CAROLINA, PR 00979

AROUND THE WORLD HOLDINGS, LLC	BANCO POPULAR CREDIT CARDS	C.R.I.M.
6165 ISLA VERDE AVE.	DIVISION DE PRODUCTO DE TARJETAS	PO BOX 195387
CAROLINA, PR 00979	PO BOX 363228	SAN JUAN, PR 00919-5387
	SAN JUAN, PR 00936-3228	

ASCAP****	BENITEZ AVIATION INC.	CACCIAMANI AND ROVER LLC
21678 NETWORK PLACE	PO BOX 193312	1110 BRICKELL AVENUE STE #80
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AT&T(641-5151) / 787-791-5151	CUADRO BETH MARGOLIN	CAMPO RICO ADVENTURES, LLC
PO BOX 70261	28670 BRISTOL CT	3103 ISLA VERDE AVE
SAN JUAN, PR 00936-8261	FARMINGTON, MI 48334	CONDESA DEL MAR PH5
		CAROLINA, PR 00979

ATWH,LLC	BMF CAPITAL	CARIBBEAN AIRPORT FACILITIES
ESJ TOWERS SUITE 2200	1820 AVENUE M, SUITE 125	AIRPORT OFFICE:SUITE#3
6165 ISLA VERDE AVE.	BROOKLYN, NY 11230	CARR.150 SECTOR CENTRAL
CAROLINA, PR 00979		CAROLINA, PR 00979-1536

AUTORIDAD DE ENERG. ELECT	BOOKING.COM	CARIBBEAN CLIMBER CORP
PO BOX 363508	LOCKBOX #5295	URB. LOS ANGELES
SAN JUAN, PR 00936-3508	5295 PAYSPIHERE CIRCLE	2024 CALLE CELESTIAL
	CHICAGO, IL 60674	CAROLINA, PR 00979-1760

BALLESTER HERMANOS	BOOKING.COM B.V.	CARIBBEAN CONCRETE SOLUTIO
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SAN JUAN, PR 00936-4548	1017 CE AMSTERDAM	CAGUAS, PR 00726
	NETHERLANDS	

BALLHER CORP.	BRIAN HOSTELLER	CARIBBEAN FOOD PRODUCTS C
705 PONCE DE LEON	10132 SYCAMORE HOLLOW LANE	PO BOX 513
SAN JUAN, PR 00907	GERMAN TOWN, MA 20876	PUERTO REAL, PR 00074-0513

BANCO POPULAR CREDIT CARDS	BRIGHT CLIENTS COMMUNICATION INC	CARIBBEAN HOTEL SUPPLIES
DIVISION DE PRODUCTO DE TARJETAS	428 ESCORIAL AVE.	PO BOX 3687
PO BOX 363228	CAPARRA HEIGHTS	MAYAGUEZ, PR 00681
SAN JUAN, PR 00936-3228	SAN JUAN, PR 00920	

BANCO POPULAR CREDIT CARDS	C.R.I.M.	CARL JANSEN
DIVISION DE PRODUCTO DE TARJETAS	CARRETERA ESTATAL # 1 KM 17.3	289 FRIENDSHIP ROAD
PO BOX 363228	SAN JUAN, PR 00926	CRANBURY, NJ 08512-5406
SAN JUAN, PR 00936-3228		

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CALLE BLANCA #29
PARADA 18
SANTURCE, PR 00909

DESTILERIA NACIONAL INC.
URB. SAN PATRICIO
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GUAYNABO, PR 00988

COMMTRAK*****
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MIAMI, FL 33137

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PHOENIX, AZ 85086

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SAN JUAN, PR 00922-1269

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HC-50 BOX 20904
SAN LORENZO, PR 00754

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PO BOX 366107
SAN JUAN, PR 00936-6107

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AMERICAN INTERNATIONAL PLAZA
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SAN JUAN, PR 00909

RCR PR
6165 ISLA VERDE AVE
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ORIENTAL BANK
254 MU OZ RIVERA AVE.
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RCI
9998 MICHIGAN ROAD
CARMEL, IN 46032

ORIENTAL BANK
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PEDRO L. CARMONA, INC
REPARTO MONTEREY #5
CALLE ACACIA SUITE 205
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RCI*****
9998 MICHIGAN ROAD
CARMEL, IN 46032

ORIENTAL BANK CREDIT CARD
254 MUNOZ RIVERA AVE.
ESQ. AVE. CHARDON
HATO REY, PR 00918

PLATOS RESTAURANT & BAR
2 CALLE ROSA
CAROLINA, PR 00979

REAL BUSSINESS PERSONNEL C
1605 AVE PONCE DE LEON
SAN MARTIN BLGD.STE 506
SAN JUAN, PR 00909

ORIENTAL BANK CREDIT CARD
254 MUNOZ RIVERA AVE.
ESQ. AVE. CHARDON
HATO REY, PR 00918

PRINCESA GASTRO BAR, INC
2 PASEO DE LA PRINCESA
CALLE SHRMBERG
SAN JUAN, PR 00901

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RENE FLORES ACU A,PE
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SPECTRIO
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URB. LOIZA VALLEY
CALLE GLADIOLA B-98
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ROGER ALGER

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100 GRAND BOULEVARD PASEOS
SAN JUAN, PR 00926

WHITE RHINO, INC.
SUITE 112 MSC-208
100 GRAND BOULEVARD PASEOS
SAN JUAN, PR 00926

WORLD INTERDATA SOLUTIONS, INC.
PO BOX 367179
SAN JUAN, PR 00936

**United States Bankruptcy Court
District of Puerto Rico**

In re **ESJ Towers, Inc.**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **ESJ Towers, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

June 10, 2022

Date

/s/ Charles A. Cuprill

Charles A. Cuprill

Signature of Attorney or Litigant

Counsel for **ESJ Towers, Inc.**

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